Nurse's Competence in Supporting the Spiritual-Religious Needs of Patients in Indonesia

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ABSTRACT

Introduction: The fulfilment of religious ritual needs is a form of spiritual nursing intervention. The main Islamic ritual is the *fardhu* prayer, which should not be abandoned despite illness and hospitalisation. The purpose of this study was to find out the nurse's constraints relating to help to meet the need of conducting *fardhu* prayers for hospitalised patients from their experience of providing nursing care to patients.

Method: This study was a qualitative, using the phenomenology approach, focusing on 8 associate nurses, 3 nurse managers and 1 participant, who was the Head of the Spiritual Counselling division. Data collection was done through a Focus Group Discussion and the data analysis used the Colaizzi method.

Results: The results of the study yielded four main themes: the competence of nursing services for *fardhu* prayer, the availability of facilities, the perception of constraint on the patient, and limited support.

Discussions: The nurses' competency at fulfilling the spiritual needs of patients in Indonesia should be developed and fostered in order to accommodate the health needs of Indonesian society as a whole.

Keywords: fardhu prayer, Muslim spiritual nursing service, Islamic religious ritual

INTRODUCTION

Nurse provides holistic nursing care by helping to meet the patient's bio-psycho-social and spiritual needs comprehensively. Humans are religious beings that have basic spiritual needs[1]as well as biological, psychological and social needs. Spirituality and religion are different entities[2,3], but interconnected. The study of spirituality shows the link between spirituality and religion[4–6]. Therefore, the fulfilment of religious ritual needs indicates the fulfilment of spirituality needs.

Most of Indonesia's population (87.18%) is Muslim[7]. The main ritual in the Muslim religion is the *fardhu* prayer, conducting 5 times a day; shalat shubuh, dhuhur, ashar, magrib and isyak. The *fardhu* prayer cannot be abandoned by an adult Muslims, even when they are ill and hospitalised, so long as he/she has full consciousness[8]. Helping Muslim patients perform *fardhu* prayers is in line with the 14 basic human needs according to Henderson (1955), a figure and theorist in the context of nursing. This is in order to meet the needs of the patient concerning "worshiping faith"[10–12]. Helping Muslim patients to do their *fardhu* prayers is also a form of nursing intervention in nursing diagnoses: "impaired religiosity". The criteria or characteristic definition of nursing diagnoses is the difficulty of obeying religious rituals and the difficulty of adhering to religious beliefs when ill. One of the etiological factors of nursing diagnoses is illness, pain and end-of-life crises[13].

Preliminary studies showed that nurses have not been able to help Muslim patients perform their *fardhu* prayers when they encounter various obstacles. This

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requires qualitative research in order to understand the constraints faced by nurses when helping Muslim patients perform *fardhu* prayers based on their experience of providing nursing care.

METHOD

This study was a qualitative research conducted using the phenomenology approach, aiming to find out the nurse's constraint related to helping to fulfil the requirement of *fardhu* prayer of hospitalised patient's based on their experience of providing nursing care to the patient[14].

Setting and Participants: The study was conducted at the Haji Hospital in Surabaya. This is because the hospital pays good attention to Islamic spirituality, at least in the form of posters and guidance on prayer. The participants of this study were as many as 12 people, consisting of eight associate nurses who provide nursing care to patients, the Head of the Nursing Division, the Secretary of the Inpatient Installation and the Head of Spiritual Counselling Division. The inclusion criteria of the study were that the nurses had at least graduated from a Nursing vocational program, provided direct nursing care to patients, and who had worked on the wards for more than or equal to 5 years.

DATA COLLECTION AND ANALYSIS

The data were collected via a Focus Group Discussion in the Musdalifah Meeting Room on the 4th Floor of Haji Hospital, Surabaya. This discussion facilitated the nurses in talking to one another and commenting on one another about their experience of helping to establish prayer for patients. The data analysis used methods developed by Colaizzi (1978), as cited in Steubert & Carpenter (2003) and Polit & Back (2012). The data analysis consisted of seven steps as guided by Colaizi (1978).

RESULTS

Competence of nursing care of *fardhu* prayer: The theme of nursing care competence in establishing *fardhu* prayer was identified from the sub-theme of prayer needs assessment, helping in the patients' ablutions, and helping the patients to pray. The sub-theme of prayer needs assessment was described by the category of prayer needs identification.

The category of prayer needs identification was an instrument of the spiritual needs assessment, especially with regard to worship, such as:

*"... the opening sentence was needed as an opening **to determine the patient's need for prayer**". (P6)*

*"Our **initial assessment** included that spiritual aspect too, and just not focus". (P7)*

*"... **certain assessments must exist for the spiritual part,** so then the nurse can assess the patient's spiritual needs". (P8)*

The sub-theme of helping the patients in their ablutions is described in the patient's ablution and *jinabah* procedures. The category of patient ablution is the capacity of the nurse to teach and help in the *tayamum* and ablution of the patients, such as in the following statements:

*"... **give us** knowledge of the problem of ablution,. .." (P1).*

*"... we also cannot explain **how the tayamum and ablution**. (P2)*

*"... we **cannot provide such care, like tayamum and others**. I think that is the reality. .." (P4)*

*"... those who have direct contact with the patients 24 hours a day are the nurses, so they **must understand how to give help in ablutions** and praying for and with the sick". (P6)*

The *jinabah* procedure category is how to explain and assist in the patient's *jinabah* after menstruation, such as in the following statements:

*"... the women who have **finished their menstruation** have never asked about **how to clean up** for the next prayer. We also have not been able to provide an explanation. "(P2).*

The sub-theme of helping in the patient's prayers has been identified from the category of the patients' prayer procedures and the patients' prayer implementation. The category of the patient's prayer procedure was an explanation of the patient's prayer procedure by the nurse, as in the following statement:

*"... because of my limitations as a nurse on duty, I acknowledge that **for the problem of prayerm** it **has not been dealt** in regard to the patients." (P1)*

*"The problem is that **not all understand about prayer when in an ill condition** and not all pray during illness."* (P6)

*"... we still cannot give a detailed **explanation of prayer when in condition of illness.**"* (P7, P2)

The category of prayer guidelines are stated within prayer guidelines book for patients, such as the following statement:

*"**Guidance** is needed so that our colleagues can teach according to Islamic principles".* (P5)

Facility availability: The theme of facility availability is identified from the sub-theme of supporting facilities and the place of prayer. The voice of participants were mentioned in the following statements:

*"... there is already a direction for qibla, but our **bed model does not match the existing direction of qibla.**"* (P1)

*"In our room as it is now, **the direction for qibla is gone.**"* (P2)

The category of prayer time warning is the absence of a five-time *fardhu* prayer warning that can be heard throughout the room, as in the following statements:

*"In the past, there was **a speaker in the room saying the prayers, but now there is not anymore.**"* (P2)

*"... for the problem of prayer, there is a **call** from Binroh per phone but still, this is **not all the time**, such as for magrib, isyak and shubuh."* (P3)

*"Actually, not everyone has got a call from the Binroh, but they did at the time of **dhuhur**. Dhuhur only, and, if I am not mistaken, for **ashar** too... "* (P4)

The category of ablution in the room related to the separator, especially for women, so then during ablution they are not seen by others, such as in the following statement:

*"... this room has not been at all **separated**, so then the women performing the **ablution… parts of their body**, their legs and hands, can be seen. If these are left uncovered, we sin."* (P6)

The category of prayer place in the ward consists of the absence of a special prayer place for the patient and his family in the ward, as the following statements indicate:

*"... the patient's **family** usually **prays close to the patient's bed**. .."* (P1)

*"... **mushala** in the ward. .. there is a mosque on the 1st floor, but **nothing on the ward.**"* (P2).

Perception of Constraints: The theme of perception of constraints was identified from the sub-themes of the nurse's perception of constraint. The sub-themes of the nurse's perception of constraints consisted of a picture of the category of patient dependency, personal hygiene, and the patient's willingness to pray.

The category of patient dependency consisted of the nurse's perception of poor patient condition, such as the following statements:

*"... in our ward, there is a lot of **CKD and hepatic cirrhosis cases with melena haematemesis.**"* (P1)

*"... sometimes on our ward, there are also patients with **gangrene.**"* (P2)

The patient's personal hygiene category consists of the nurse's perception of the patient's hygiene condition, such as the following statements:

*"... the obstacle to spiritual fulfilment is, first of all, the **cleanliness of the patient themselves.**"* (P1)

*"... many patients have **hygiene problems**. .."* (P2).

The category of the patient wishes for prayer showed that, so far, some patients want to keep praying, as in the following statements:

*"The patients really **want to pray**, Sir!"* (P1)

*"... prayer is a very **basic necessity** for Muslims"* (P6)

*«... patients usually have a **desire for worship**,. .."* (P8).

Limitations of support: The theme of support limitations was identified from the sub-theme of lack of support. The sub-theme of lack of support was illustrated by the categories of hospital management support and patient family support. Hospital management support included a statement from one participant as below:

*"... the spiritual field has not been touched. **The management should facilitate**."* (P4)

Patient family support was also reflected in the statements of the participants:

*"... usually patients have a desire for worship, but it turns out **his family is less supportive."** (P8)*

*"... there must be a **particular motivation from the family** in the spiritual field." (P8)*

DISCUSSION

The nurse's constraints in relation to helping to fulfil the prayer needs of the patient were identified from the theme of nursing care for *fardhu* prayer, the availability of facilities, the perception of constraints and the limitations of support. Nursing care competence related to helping the *fardhu* prayers was identified from the sub-theme of prayer needs assessment, helping the patients with ablution and helping the patient to pray. Competence refers to the abilities of the nurse, including the ability to identify the patient's need for prayer, knowledge of the patient's cleaning procedure, including ablution and *jinabah*, knowledge of the prayer procedures of the patient in accordance with Islamic *sharīʿah* and the availability of prayer guidelines for the patient to access.

Knowledge on the patients' prayers is one of the domains of nursing care competence related to helping them in *fardhu* prayers, in addition to communication skills for assessment, skills related to providing help for *fardhu* prayer to the patients, and the attitude toward patients who need help *fardhu* praying. This is in accordance with the definition of competence according to the National Council for State Board of Nursing (2005), as cited in Tilley (2008), which states that competence is the application of knowledge, interpersonal skills, psychomotor skills and the decision-making expected for the role and the task itself. The competence of the nurses when providing nursing care related to *fardhu* prayers can be improved through: 1) the improvement of nurse awareness that *fardhu* prayer is a form of spiritual intervention for Muslim patients, 2) the provision of training and 3) the availability of guidance to provide nursing care for the patients related to *fardhu* prayer.

The theme of the availability of facilities was revealed from the sub-theme of supporting facilities and place of prayer. Supporting facilities are facilities in place to support *fardhu* prayer, which consists of the qiblat direction, warning of the coming prayer time, and there being an ablution place in the ward. A prayer facility is the providing of prayer rooms for the patients and their families.

The timing of prayer with the application of current technology is easy to implement, either through the *adzan* from the mosque in the hospital heard in the ward or projecting a warning through the speakers on the ward. Ablution can be done in the ward's bathroom, but this is difficult for patients who suffer from weakness and when there is therapy equipment attached to the body. Ablution for the patients can be improvised using a sprayer bottle filled with clean purified water[8].

The place of *fardhu* prayer is adjusted according to the ability of the patient. Patients can pray according to their ability and patients can be categorised as facing difficult obstacles, in order to get dispensation in relation to their prayer procedures, including regarding the place of prayer[15].The theme of perception of constraint is related to the nurse's assumption that there are constraints when seeking to establish *fardhu* prayer. This theme was identified from the category of patient dependency and personal hygiene, but there is also the patients' desire to pray to consider.

The theme of support limitations is identified from the sub-theme of lack of support. Lack of support was identified from the category of hospital management support and family support. The limitation of this support is the perception by the nurses about there being a lack of support from the hospital organisation and the patient's family when it comes to helping the patient perform the *fardhu* prayer. Support, both from the hospital and the patient's family, is needed to help the patients in their prayer because of the high workload of the nurses[16].

Hospital support is necessary for the implementation of the nursing service model to help *fardhu* prayer. The hospital, as health care organisation, has an obligation to provide support for all sub-systems that it supports. Hospital support has several advantages, including positively affecting job satisfaction and employee commitment[17], positively affecting employee performance through employee job satisfaction[18], and is positively related to employee engagement.

CONCLUSION

The nurse's obstacles can be found in relation to four themes; no nursing care competence to help in *fardhu* prayer, facility availability, the perception of the constraints of the patients, and limited available

support. Teaching students and training nurses about nursing care in relation to helping and promoting *fardhu* prayer for Muslim patients is needed to improve nursing competence when conducting spiritual nursing interventions.

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